

QUARTERLY REQUEST FOR LONGEVITY PAY FOR ASSISTANT PROSECUTORS

— H.B. 1940, 78th Regular Session

COMPTROLLER USE ONLY					
DOCUMENT AMOUNTS			DOCUMENT NUMBERS		
AGY	COBJ	TC	FUND	AY	PCA
241	7612	225	0303		28989

County name/address for warrant or direct deposit notification *(Please type)*

County taxpayer identification number Mail code

COUNTY LONGEVITY REIMBURSEMENT REQUEST

QUARTERLY PERIOD COVERED	CALENDAR YEAR	AMOUNT REQUESTED

Mail completed form to:
COMPTROLLER'S JUDICIARY SECTION
P.O. Box 13528
Austin, TX 78771-3528
Call 1-800-531-5441, ext. 6-5985, or Email
judiciary@cpa.state.tx.us

COMPTROLLER USE ONLY	
AMOUNT PAID	AMOUNT REMAINING

COUNTY CERTIFICATION

I, _____, the County Auditor/Treasurer of _____ County
PRINT NAME COUNTY NAME
hereby certify that the above expenditures have been made pursuant to Section 41.255 of the Government Code
and are to the best of my knowledge true and correct.

County Auditor/Treasurer signature

Date

COUNTY CONTACT INFORMATION

Person to contact regarding information on this form

Contact phone number

COMPTROLLER'S JUDICIARY SECTION APPROVAL

I approve this voucher for payment and to the best of my knowledge this invoice for reimbursement is true and correct. This payment complies with Article IX, Part 11, Sec. 11.52 of the 78th Legislature Regular Session General Appropriations Act.

☐ Direct deposit ☐ Check enclosed

Audited by:

Date

DISTRIBUTION INFORMATION

For longevity earned: September through November December through February March through May June through August	Mail this request by: December 15th March 15th June 15th September 15th	Payment will be mailed by: January 30th April 30th July 29th October 31st
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REQUEST FORM PROCEDURES

1. Type in or verify the County name, address, taxpayer ID and mail code.
2. Per HB1940, calculate the quarterly amount of longevity that the prosecutors are qualified to receive based on the previous State fiscal quarter. The State fiscal year is from September 1st to August 31st. If no prosecutor is due longevity, enter "0" and return the form.
3. The County Auditor certifies the request. Enter the county contact and phone number below the certification signature.
4. Mail the request, postmarked on or before the dates listed under "Distribution Information", to the Comptroller's Judiciary Section. The mailing address is listed on the form.
5. A copy of this request will be returned with a State check or with direct deposit checked on the form.

FURTHER INSTRUCTIONS TO OBTAIN LONGEVITY REIMBURSEMENT

- The amounts requested should not include Medicare or OASI taxes; the request should be for longevity reimbursement pay only.
- Request only amounts disbursed by your county. For longevity paid to prosecutors shared by more than one county, only the counties that directly pay the prosecutors should file a request even if other counties are reimbursing the expense.
- When the funds are not available to reimburse all the requests, counties will be reimbursed by a uniform percentage. Requests received late will be paid at that same percentage.
- Requests not received by the deadline will be paid with the next quarter requests.
- Amounts unpaid in a previous quarter will be reimbursed before a new quarter's amount is calculated for payment.
- Please make changes to the address or mail code on the enclosed form and we will update our records.